Please print or type with ELITE type (12 characters per inch) in the unshaded areas only

Form Approved. OMB No. 2050-0028. Expires 9-30-68. GSA No. 0246-EPA-01 Please refer to the Instructions for

| United States Environmental Protection Agency Washington, DC 20460  Please refer to the Instructions for Filing Notification before completing this form. The information requested there is required by law (Section 3010 of the Resource Conservation and Resource Value). |   |  |  |  |
|--|---|--|--|--|
|  | ACTIVITY 3010 of the Resource Conservation and Recovery Act). |  |  |  |
| For Official Use Only  Comments  |   |  |  |  |
| C  | RECEIVED  |  |  |  |
| Installation's EPA ID Number Approved  | Date Received AUG 1 1989                                      |  |  |  |
| C   L D 0 0 5 2 0 1 0 8 2 T/A C Approved   | 6 0 0 0 7 EPA-DLPC  |  |  |  |
| I. Name of Installation  |   |  |  |  |
| JOHNSON PRODUCTS C   | O T N C   |  |  |  |
| II. Installation Mailing Address   |   |  |  |  |
| Street or P.O. Box   |   |  |  |  |
|  | TTEAVEN   |  |  |  |
| City or Town   | State ZIP Code  |  |  |  |
| C H I C A G O  | IL 6 0 6 2 0  |  |  |  |
| III. Location of Installation  |   |  |  |  |
| Street or Route Number   |   |  |  |  |
|  | TTEAVETUE   |  |  |  |
| City or Town   | State ZIP Code  |  |  |  |
| 6 C H I C A G O  | I L 6 0 6 2 0   |  |  |  |
| IV. Installation Contact   |   |  |  |  |
| Name and Title (last, first, and job title)  | Phone Number (area code and number)                           |  |  |  |
| <u>2                                   </u>  |   |  |  |  |
| A. Name of Installation's Legal Owner  | B. Type of Ownership (enter code)                             |  |  |  |
| C         J         O         H         N         S         O         N         P         R         O         D         U         C         T         S  | C 0. P  |  |  |  |
| VI. Type of Regulated Waste Activity (Mark 'X' in the appropriate box  |   |  |  |  |
| A. Hazardous Waste Activity  | B. Used Oil Fuel Activities                                   |  |  |  |
| 1 1a. Generator  | ecification Used Oil Fuel X' and mark appropriate paragette F |  |  |  |
| <del>                                    </del>  | Generator Marketing to Serner                                 |  |  |  |
| 5 Market or Rurn Hazardous Wasta Fuel  | other Marketer UU JUL 2 % 1089                                |  |  |  |
| (enter A and mark appropriate boxes below)   | Burner ication Used Oil Fuel Marketer RCRA-IMS                |  |  |  |
| b. Other Marketer  | irst Claims the Oil Meets the Specific PA, REGION V           |  |  |  |
| C. Burner  |   |  |  |  |
| VII. Waste Fuel Burning: Type of Combustion Device (enter 'X' in all appropriate boxes to indicate type of combustion device(s) in which hazardous waste fuel or off-specification used oil fuel is burned. See instructions for definitions of combustion devices.)         |   |  |  |  |
| ☐ A. Utility Boiler ☐ B. Industrial Boiler   | C. Industrial Furnace   |  |  |  |
| VIII. Mode of Transportation (transporters only — enter 'X' in the appropriate box(es)   |   |  |  |  |
| ☐ A. Air ☐ B. Rail ☐ C. Highway ☐ D. Water ☐ E. Other <i>(specify)</i> N/A   |   |  |  |  |
| IX. First or Subsequent Notification   |   |  |  |  |
| Mark 'X' in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your installation's EPA ID Number in the space provided below.    |   |  |  |  |
| <b>77</b> . <b>.</b>   | C. Installation's EPA ID Number                               |  |  |  |
| XX A. First Notification   |   |  |  |  |

|  | ID — For Official Use Only          |                        |  |  |
|--|-------------------------------------|------------------------|--|--|
|  | W                                   | T/A C                  |  |  |
| X. Description of Hazardous Wastes (continued from from  | ot)                                 |                        |  |  |
| A. Hazardous Wastes from Nonspecific Sources. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from nonspecific sources your installation handles. Use additional sheets if necessary.  |                                     |                        |  |  |
| 1 2 3  | 4 5                                 | 6                      |  |  |
| F 0 0 3 F 0 0 5  |                                     |                        |  |  |
| 7 8 9  | 10 11                               | 12                     |  |  |
|  |                                     |                        |  |  |
| B. Hazardous Wastes from Specific Sources. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific sources your installation handles. Use additional sheets if necessary.  |                                     |                        |  |  |
| 13 14 15   | 16 17                               | 18                     |  |  |
|  |                                     |                        |  |  |
| 19 20 21   | 22 23                               | 24                     |  |  |
|  |                                     |                        |  |  |
| 25 26 27   | 28 29                               | 30                     |  |  |
|  |                                     |                        |  |  |
| your installation handles which may be a hazardous waste. Use addition of the state | 34 35<br>40 41<br>46 47             | 42                     |  |  |
| D. Listed Infectious Wastes. Enter the four-digit number from 40 CFR Part 261.34 for each hazardous waste from hospitals, veterinary hospitals, or medical and research laboratories your installation handles. Use additional sheets if necessary.  |                                     |                        |  |  |
| 49 50 51   | 52 53                               | 54                     |  |  |
|  |                                     |                        |  |  |
| E. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.21 — 261.24)  1. Ignitable 2. Corrosive 3. Reactive 4. Toxic   |                                     |                        |  |  |
| (D001) (D002) XI. Certification  | (D003)                              | (D000)                 |  |  |
| I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.   |                                     |                        |  |  |
| Signature  Name and Offi  MGR, TECH  MGR, TECH   | icial Title (type or print) I OPER. | Date Signed<br>7-24-89 |  |  |

EPA Form 8700-12 (Rev. 11-85) Reverse



Johnson Products Co., Inc. | 8522 South Lafayette Avenue | Chicago, Illinois 60620 | Telex: 254-377

ac 312\*483 4100

Cable: JPCINT

July 24, 1989

RCRA ACTIVITIES REGION V PO BOX A3587 CHICAGO ILLINOIS 60690

Dear Sir/Madame:

Enclosed is a EPA form 8700-12 (EPA Notification of Hazardous Waste Activity). We would like to obtain a US-EPA ID NO. so we could dispose of our waste nail polish. This material consist of Toluene, Ethyl-Acetate, Butyl Acetate, Iso-Propyl Alcohol and some Organic Pigments.

I have classified this material under the F003, F004, D001 Hazardous Waste Classifications.

Please let me know if there are any corrections that need to be made.

Thank you

RCRA-MS U.S. EPA. REGION V

cc: Larry Abrahams Alice Foster Vivian Williams

RCRA-IMS U.S. EPA, REGION V

761 4704 760 8767

Form Approved. OMB No. 2050-0028. Expires 9-30-88. GSA No. 0246-EPA-0T Please print or type with ELITE type (12 characters per inch) in the unshaded areas only United States Environmental Protection Agency Washington, DC 20460 Please refer to the Instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act Notification of Hazardous Waste Activity and Recovery Act). For Official Use Only Comments Date Received Installation's EPA ID Number mo. Approved Name of Installation II. Installation Mailing Address Street or P.O. Box 8 5 S 3 State City or Town ZIP Code C C H I C G 0 Α IL 6 2 III. Location of Installation Street or Route Number 8 5 5 State ZIP Code City or Town C Η Ι C G IV. Installation Contact Name and Title (last, first, and job title) Phone Number (area code and number) D F Ownership A. Name of Installation's Legal Owner B. Type of Ownership (enter code) 0 H S P 0 N R U T S C C 0. P VI. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to instructions.) A. Hazardous Waste Activity **B. Used Oil Fuel Activities** 1b. Less than 1,000 kg/mo. , 1a. Generator 6. Off-Specification Used Oil Fuel and mark appropriat 2. Transporter ☐ 3. Treater/Storer/Disposer enerator Marketing JUL 28/1989 4. Underground Injection 1989 5. Market or Burn Hazardous Waste Fuel (enter 'X' and mark appropriate boxes below) RCRA IN Secification Used Oil Fuel Marketer Bonde ☐ a. Generator Marketing to Burner ho, First Claims the Oil Meets the BosificEPA, REGION V □ b. Other Marketer U.S. EPA, REGION C. Burner VII. Waste Fuel Burning: Type of Combustion Device (enter 'X' in all appropriate boxes to indicate type of combustion device(s) in which hazardous waste fuel or off-specification used oil fuel is burned. See instructions for definitions of combustion devices.) A. Utility Boiler B. Industrial Boiler C. Industrial Furnace enter 'X' in the appropriate box(es) VIII. Mode of Transportation (transporters only -☐ B. Rail C. Highway N/A Cook D. Water ☐ E. Other (specify) IX. First or Subsequent Notification Mark 'X' in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your installation's EPA ID Number in the space provided below.

B. Subsequent Notification (complete item C)

XX A. First Notification

C. Installation's EPA ID Number

|  | ID — For Official Use Only                  |                          |  |  |
|--|---|--------------------------|--|--|
|  | W   | T/A C                    |  |  |
| X. Description of Hazardous Wastes (continued from from  |   | 1                        |  |  |
| X. Description of Hazardous Wastes (continued from front)      A. Hazardous Wastes from Nonspecific Sources. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from nonspecific sources your installation handles. Use additional sheets if necessary.   |   |                          |  |  |
| 1 2 3  | 4 5   | 6                        |  |  |
| F 0 0 3 F 0 0 5  |   |                          |  |  |
| 8 9  | 10 11                                       | 12                       |  |  |
|  |   |                          |  |  |
| B. Hazardous Wastes from Specific Sources. Enter the four-digit number specific sources your installation handles. Use additional sheets if necessary in the sources your installation handles.  |   | azardous waste from      |  |  |
| 13 14 15   | 16 17                                       | 18                       |  |  |
|  |   |                          |  |  |
| 19 20 21   | 22 23                                       | 24                       |  |  |
|  |   |                          |  |  |
| 25 26 27   | 28 29                                       | 30                       |  |  |
|  |   |                          |  |  |
| C. Commercial Chemical Product Hazardous Wastes. Enter the four-dig your installation handles which may be a hazardous waste. Use addition and the second se | 34 35 35 40 41 46 47                        | 36<br>42<br>48           |  |  |
| pitals, or medical and research laboratories your installation handles. U  | Jse additional sheets if necessary.         | ,                        |  |  |
| 49 50 51   | 52 53                                       | 54                       |  |  |
| E. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes your installation handles. (See 40 CFR Parts 261.21 — 261.24)  | corresponding to the characteristics of nor | nlisted hazardous wastes |  |  |
| 1. Ignitable   | ☐ 3. Reactive (DOO3)                        | ☐ 4. Toxic (D000)        |  |  |
| XI. Certification  |   |                          |  |  |
| I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.   |   |                          |  |  |
| Signature Name and Offinger MGR, TECH  | icial Title (type or print) I OPER.         | Date Signed<br>7-24-89   |  |  |

EPA Form 8700-12 (Rev. 11-85) Reverse



## UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

REGION 5 RCRA ACTIVITIES P.O. BOX A3587 CHICAGO, ILLINOIS 60690

## AUG18 1989

Dear Notifier:

Enclosed you will find the U.S. Environmental Protection Agency (U.S. EPA) Identification (ID) number that has been assigned to your installation. This ID number must appear on all manifest forms when transporting hazardous waste. You will find your ID number on the second line of the copy of the enclosed notification form. This letter confirms that you have filed a Notification of Hazardous Waste Activity (form 8700-12) to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). This letter and the enclosed copy of the notification form should be retained for future use.

<u>If your facility is in the state of Michigan</u> and you were previously issued an ID number with an MIG prefix, do not use the MIG number. This is a state number. Be sure to use the MID number only.

If you have any further questions regarding hazardous waste activity, please contact the Region V Solid Waste Hotline at (312) 886-4001.

Sincerely yours

Arthur S. Kawatachi Information Section Office of RCRA

Enclosure